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SUBJECT: TB Rates Climbing in Mongolia

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1. SUMMARY: Mongolia's tuberculosis rate has steadily risen since the early 1990s, in spite of government efforts to contain its spread. Statistics show an increase of 177% since 1991. Health officials concede that a steady climb in case numbers make meeting Millennium Development Goals to reverse the spread of TB by 2015 difficult but caution that dramatic growth rates may be artificially inflated as detection and diagnosis techniques continue to improve and testing becomes more widespread. Incidence rates should start to trend downward after 2010 as obligatory BCG vaccinations for children (begun in 1997) bear fruit and testing, treatment standards, and living conditions improve. Better detection and treatment practices have already succeeded in reducing the mortality rate of TB, but the emergence of drug-resistant strains of TB in neighboring countries represents a new danger. The Mongolian government looks to engage local governments, law enforcement, and health care institutions more fully as well as improve financial and legal environment to combat the spread of tuberculosis more effectively. END SUMMARY

TB Rising Steadily Since Early 1990s

2. Along with sexually transmitted diseases and brucellosis, tuberculosis (TB) is among Mongolia's most pressing public health problems and most prevalent infectious diseases. Detected incidents of TB have risen steadily in Mongolia since the early 1990s. According to a recent WHO survey, Mongolia ranks third among seven South-East Asia and Western Pacific region countries with the highest rate of tuberculosis. Worldwide TB is the leading cause of death among HIV/AIDS patients, according to the WHO. To date only 41 HIV/AIDS cases have been officially recorded in Mongolia (reftel) but experts believe the real number could be 20 to 30 times higher. (Four persons have so far died as a result of AIDS, none from tuberculosis). The growth of HIV/AIDS could provide fertile ground for the further spread of TB among Mongolia's population.

3. Mongolia's post-Soviet economic turmoil and social dislocations

exacerbated the spread of TB throughout the 1990s. Despite the establishment of a national program for combating tuberculosis in 1994, authorities still cannot properly contain the disease. In 1990, the incidence of TB in Mongolia stood at just 79 cases per 100,000, but leapt to 185 during the 2000-2006 period. In the 15 years since Mongolia's democratic revolution, actual TB cases have jumped 177%, from 1, 569 from 1991 and 1994 to 4,419 from 2003 to 2006. On average, half of all TB patients are unemployed, 70% are poor and 70% are of working age (16-44). 52% of the reported TB cases were men, while 48% were women. 12.2% were of the TB cases were children.

#### Improved Detection and Testing Account For Some, But Not All, of the Increase

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14. Although spiking rates cause concern, health experts caution that improved detection and diagnosis techniques, as well as better and more widespread testing in both urban and rural areas has exaggerated the problem. In any case health officials expect TB incidence to trend downward after 2010 as an obligatory BCG vaccination program for children, implemented in 1997 bears fruit, detection and treatment become more effective, and western standard practices are more widely implemented.

#### TB Mortality Rates Falling

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15. Continued improvements in detection and treatment have already helped lower the mortality rate. 126 persons died of tuberculosis between 1991 and 1994, 83 between 1999 and 2002, and 80 between 2003 and 2006. Furthermore, the recovery rate for TB patients increased from 31.3% in 1993 to 79% by the end of 2005.

#### TB Prominent in UB, Eastern and Central Regions

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16. Of 2,308 new TB cases registered in 2006, Selenge, Dornod, Darkhan-Uul, Govi-Sumber, Khentii aimags and Ulaanbaatar city had higher incident rates than national average of 18.5 per 10,000, indicating higher prevalence in eastern and central regions. Selenge aimag in north central Mongolia had the highest TB incidence per 10,000 (33.6) and the lowest was Govi-Altai aimag in the southwest (4.4). 55.9% of registered cases in 2006 were in Ulaanbaatar city (with 43% of the population) compared to 40.2% in 2000. 3.2% of all new cases registered in Ulaanbaatar were temporary residents from rural areas and 2.4% were homeless. Scientists expect TB cases in Ulaanbaatar to remain high until 2010.

#### Cross-Border Transmissions Hamper Fight

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17. High rates of TB in Mongolia's two next-door neighbors, China and the Russian Federation (which have the world's second- and twelfth-highest rates of TB, respectively) hamper efforts to contain the disease as an estimated one million migrant workers cross the country's borders every year.

#### Emergence of Drug-Resistant Strains

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18. Compounding the danger, the World Health Organization (WHO) this month announced that drug-resistant tuberculosis has spread throughout countries bordering Mongolia at a rate higher than any time previously. In China's Inner Mongolia region, for example, some 7.25% of new tuberculosis cases are the drug-resistant strain. Drug-resistant tuberculosis cases in parts of the former Soviet Union have reached the highest rates ever recorded globally with serious rises in the disease found in neighboring Kazakhstan and Uzbekistan. About 5% of new TB cases reported in Mongolia came from drug-resistant strains.

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#### GOM Unlikely To Reach Millennium Development Goal

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¶9. As part of its Millennium Development Goals (MDG), the GOM has vowed to reverse the spread of TB by 2015. In recently published MDG progress report, the GOM acknowledged that its performance in lowering incident rates of TB per 100,000 had regressed, and it was unlikely Mongolia could meet its goals in this area. However, the GOM had been able to meet official targets for reducing death rates associated with TB and increasing the percentage of TB cases diagnosed and treated with international standards, both of which the GOM said it was likely to achieve.

#### Improving Social Conditions Key to Fighting TB

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¶10. The GOM has recognized that efforts to combat TB need to be closely aligned with poverty reduction and improvements in housing availability and living conditions. Early detection of poor and high-risk groups and full coverage by the DOTs (Directly Observed Treatments) need to be priority for all levels of healthcare institutions. With the improvement in technology to deal with TB, the proportion of TB cases detected and cured under Directly Observed Treatment short cases (DOTS) in Mongolia increased from 31.4% in 1994 to 80.9% in 2000 and 82.1% in 2006.

#### Greater Coordination, Engagement Needed

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¶11. Experts say that to reduce the spread of TB, a comprehensive approach, with well-coordinated treatment regimens, will play a key, particularly reducing poverty, improving housing and environmental conditions, establishing a nationwide surveillance system for early detection and ensuring full coverage by DOTs. The GOM must also engage and enhance the efforts of local governments, law enforcement and detention organizations, medical doctors and mid-level personnel of local health care institutions, as

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well as improve financial and legal environment for the activities aimed at combating tuberculosis. Improved capacity and professional skills of TB related personnel and laboratory diagnostic services are also essential.

¶12. Mid-to-long-term GOM priorities include: Improved access to and quality of living (housing and healthy environment) conditions, food security and healthcare services for poor and vulnerable population groups and detainees, reduce poverty, improve housing and environment conditions, ensure early detection and effective treatment of tuberculosis among poor and vulnerable population groups.

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